



APPLICATION AMENDMENT

Office of the City Clerk License Division

200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 6/17/2025

To the License Division of the City of Milwaukee:

I, Bradford Long, wish to amend my answer(s) on the application for a

(full legal name)

Food/Tavern/PEP

(type of license)

license at

2900 S Kinnickinnic Ave

(premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____
5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____
10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____
12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____

15. Other: Explicitly, we state we will not feature large FormAmplification (Guitar Amps, Large Speakers, etc), but reserve the

(Check with the License Division before submitting "Other" amendments using this form.)

right to use small Form (Bluetooth, Sonos, etc) Speakers at
an unobtrusive volume, in communication with neighboring
homes & Businesses.
We will seek special
licenses in the event such
amplification is desired.

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: _____ Date: _____ Initials: _____ To LC: _____

LC Email: ☐MPD ☐NS ☐HD Initials: _____